

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>11/8/84</u>		2 Serial/Patent # <u>10/633,177</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/> Filing			\$
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/> Petition		<u>11/13/83</u> 12/17/84	\$ 130
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 130
10 REASON:		8 TO BE REFUNDED BY:	
<input type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Treasury Check	
<input type="checkbox"/> Duplicate Payment		<input checked="" type="checkbox"/> Credit Deposit A/C #: <u>06--1448</u>	
<input checked="" type="checkbox"/> No Fee Due (Explanation): <i>Postcard proves allegedly omitted drugs were present in office on May 1. Refund per fee.</i>			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>C. Shirene Willis</u>		TITLE: <u>Pat. Attorney</u>	
SIGNATURE: <u>C. Shirene Willis</u>		PHONE: <u>571-272-2250</u>	
OFFICE: <u>Office of Petitions</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****			
APPROVED: <u>Alicia Willis</u>		DATE: <u>11/9/84</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: